

Washington Dental Service (WDS)

INFORMATION ON WDS IS LISTED BELOW:

INTRODUCTION

Quality dental care is an essential part of your total health care program. Sponsors of the Hanford Employee Welfare Trust (HEWT) offers several plan choices which will help pay the cost of dental care. These plans focus on routine basic diagnostic and preventative dental services, but also provide assistance in paying for restorative and orthodontic care.

The WDS Core Plan is provided as a low cost plan to employees and eligible dependents. The plan offers dental benefits for in and out of network, including orthodontics. Employees electing this plan will benefit by taking advantage of contracted rates offered by WDS member dentist.

The WDS Preferred Provider Organization (PPO) is offered to employees as a "Buy-Up" dental plan. The WDS "Buy Up" Plan offers higher level of benefits than the WDS Core Plan, but at an increased employee monthly premium.

COST

Beginning in 2007, exempt, salaried non exempt and OPIEU employees will pay 20% of the total monthly premium for all dental plans offered by the HEWT. These rates will vary based on plan and number of dependants.

WDS CORE AND PPO PLANS

DEDUCTIBLES

With the exceptions of preventative and diagnostic (Class I) procedures, employees are required pay a deductible before the plan will cover dental expenses.

The calendar year deductible for both WDS plans is \$50 per individual, or \$150 per family maximum for WDS in-network services. Please reference the summary of benefits below.

MAXIMUM PAYABLE AMOUNTS

The WDS Core plan pays up to an annual maximum of \$1,000 for each covered person for Class I, II and III. In addition, the Core plan pays a lifetime maximum benefit of \$1,000 per covered person for orthodontia.

The WDS "Buy Up" plan pays up to an annual maximum of \$1,000 for each covered person for Class I, II and III. In addition, the "Buy Up" plan pays a lifetime maximum benefit of \$1,200 per covered person for orthodontia.

WASHINGTON DENTAL SERVICE (WDS) CORE PLAN

Description of Services	Delta Dental Member PPO Dentist	Delta Dental Member Non-PPO Dentist	Out of Network
Class I – Diagnostic & Preventive: Exams, Cleanings, Fluoride, X-rays, Sealants	50%	40%	40%
<u>Class II – Restorative:</u> Restorations, Endodontics, Periodontics, Oral Surgery	50%	40%	40%
<u>Class III – Major:</u> Crowns, Dentures, Partials, Bridges	30%	20%	20%
Annual Maximum Benefit	\$1,000	\$1,000	\$1,000
Deductible (Waived on Class 1) Per person/per benefit period Annual family maximum	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Deductible waived on Class I Procedures	Yes	Yes	Yes
Orthodontia Adults and Dependent Children Lifetime maximum per child	50% \$1,000	50% \$1,000	50% \$1,000

Description of Services	Delta Dental Member PPO Dentist	Delta Dental Member Non-PPO Dentist	Out-of-Network
	(Dentist may not balance bill)	(Dentist may not balance bill)	Dentist may balance bill)
Class I – Diagnostic & Preventive: Exams, Cleanings, Fluoride, X- rays, Sealants	80%	60%	60%
Class II – Restorative: Restorations, Endodontics, Periodontics, Oral Surgery	70%	60%	60%
<u>Class III – Major:</u> Crowns, Dentures, Partials, Bridges	50%	40%	40%
Annual Maximum Benefit	\$1,000	\$1,000	\$1,000
Deductible (Waived on Class 1) Per person/per benefit period Annual family maximum	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Deductible waived on Class I Procedures	Yes	Yes	Yes
Orthodontia Adults and Dependent Children Lifetime maximum per child	50% \$1,200	50% \$1,200	50% \$1,200